

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 1575)**

10/0092181
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2					1	
3					1	
4					1	
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TOTAL IND.	1		1		1	
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	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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